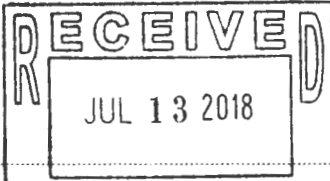


PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF USA	COURT CASE NUMBER 5:18-MJ-1413-KS
DEFENDANT KIMBERLY R. WILLIAMS	TYPE OF PROCESS SHOW CAUSE ORDER

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
KIMBERLY R. WILLIAMS
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW CLERK'S OFFICE 310 NEW BERN AVE. RALEIGH, NC 27601	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
U.S. Marshals Service, EDNC

Fold

Fold

DEFENDANT'S COURT DATE IS 9/5/2018 AT 8:00AM AT THE U.S. DISTRICT COURT - 301 GREEN STREET, FAYETTEVILLE, NC.

Signature of Attorney other than person requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 919-645-1700	DATE 7/11/18
---	---	----------------------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Cecel Smith	Date 7-13-18
---	--------------------	------------------------------	-----------------------------	---	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-23-18 Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy Cecel Smith	

Service Fee 800	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 50.00
--------------------	---	----------------	----------------------	------------------	---

REMARKS: 7-13-18
CERTIFIED MAIL 7018 0680 0000 7711 5858

RECEIVED SEE PS FORM 3811 OR USPS TRACKING

DISTRIBUTE TO:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

PRIOR EDITIONS MAY BE USED

PETER A. MOORE, JR., CLERK
US DISTRICT COURT
DECLARATION STATEMENT*: To be returned to the U.S. Marshal with payment,
Case 5:18-mj-01413-RN Document 6 Filed 07/24/18 Page 1 of 3
5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice

*United States Marshals Service
Eastern District of North Carolina*

*310 New Bern Avenue, Suite 100
Raleigh, NC 27601*

Official Business
Penalty for Private Use \$300

CERTIFIED MAIL



7018 0680 0000 7711 5858

RALEIGH
NC 275
13 JUL '18
PM 6 L



Kimberly R. Williams



NIXIE 276 DE 1 0007/21/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 27601144199 *2780-01497-15-14
226611-147E

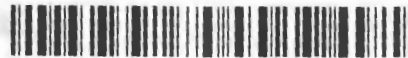
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. **518ms 1413145**
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. **CNS**

1. Article Addressed to:

Kimberly R. Williams



9590 9402 3985 8079 3191 92

2. Article Number (Transfer from service label)

7018 0680 0000 7711 5858

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
JUL 23 2018

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery (00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

U.S. Marshals Service

Domestic Return Receipt